MULTIPLE DEPENDENT CLAIM
FEE CALCULATI N SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5	1						55						
6		1					56						
7		1					57						
8		3					58						
9	1						59						
10		1					60						
11		1					61						
12		3					62						
13		1					63						
14	1						64						
15		1					65						
16		1					66						
17		3					67						
18	1						68						
19	1						69						
20	1						70						
21	1						71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27	1						77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32		2					82						
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40	1						90						
41	1						91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	17						TOTAL IND.						
TOTAL DEP.	37						TOTAL DEP.						
TOTAL CLAIMS	54						TOTAL CLAIMS						